

# Focusing: Listening to your “Clients’ Client”

## The Counselling, Psychotherapy and Trauma Studies Seminar Series, the University of Nottingham

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#### I. Introduction

Thank you for coming to the seminar this evening. I am Akiko Doi, Visiting Academic of the School of Education. I am a professor of psychology at a Japanese university. I teach counselling and counselling psychology, supervise graduate students, and I see clients in companies and Self-Defense Forces, that is, the Japanese Army. I have been here in Nottingham since last September on sabbatical.

Today, I would like to talk about Focusing, which I have been practicing for more than 20 years since I was a graduate student. I teach Focusing as a certified Focusing Professional and I offer Focusing-oriented psychotherapy to my clients. I also do researches on Focusing.

So, today, I will explain what Focusing is, who Gene Gendlin is, what tools/measures for research are developed for Focusing, mention a little bit about my research, talk about the benefits of Focusing, and the relationship of Focusing and PCA.

#### II. How Focusing was born

##### 1. Let us start from Carl Rogers

In 1960s, Rogers and his colleagues were doing a large-scale research on the counselling process. One of the famous researches was the Wisconsin Project. In his research group, there was Eugene Gendlin, the originator of Focusing.

Rogers and Gendlin worked together in the Wisconsin Project; however, as you all know, they could not get the

expected results - yet this failure gave birth to Focusing.

“Why is psychotherapy helpful for some people, but not others?” -- this is one of the research questions they had. Gendlin and his colleagues studied the recordings of hundreds of therapy sessions and made a fascinating and important discovery: successful therapy clients were able to do something more than worry about the future or react to the past. They could pause and pay attention to what was happening in the present moment, in their bodies, in response to the problem at hand. Sometimes in ways that words could not easily convey. Gendlin called this a “felt sense,” and developed the method he called “Focusing” so that anyone could learn this profound way of experiencing breakthroughs in whatever has been holding them back.

So, what they found was that the successful clients shared the same characteristics in the way they talk. They often hesitate, pause, re-state, go back and forth... It seems they always check inside if their words really fit with what they feel, and if it does not fit, they try to find the better way to explicate it. So, their way of talking is not smooth. That kind of talking or attending to their inner feelings is the key to the successful therapy.

The surprising result of this study was that the success of the long-term therapy was already predictable by the first several sessions and the variable was not so much what the therapist was doing but what the client was doing (Kiesler, 1971). Those clients who can refer to and speak from the fresh, present, bodily-felt of issues and symptoms profited from therapy.

Gendlin describes this way of talking as follows:

Those research clients who are later successful, differ from failure cases in exactly this respect. It can be heard on the tape. After saying something, they often stop to check. For example: "I feel helpless... uhm... is that right?..." After a silence they might then say: "No... that's not right. Uhm... I can sense it, right there, but I don't know what it is. (Silence)...Oh, (breath)... whew, yes, it's... " as a large shift occurs. Or they might say: "...oh ... one thing about it is... " as some new facet came. (Gendlin, 1984)

## 2. What matters?

What matters is the way of speaking. The successful clients speak from the fresh, present, bodily-felt of issues and symptoms. When they speak, they often pause, touching down inside, trying to sense the not-yet-clear something

What the clients talk about does not matter; if they talk about the past, about the future, about their secrets, about their trauma, these contents of their stories were nothing to do with the therapy success. Through the examination of the therapy recordings, Gendlin found that they could even predict if the therapy succeeds or not by listening to the first several sessions. If the client does not talk like that, the therapy is difficult to succeed however hard the therapist tries. Well, then the clients who do not have such capacity never succeed in therapy? The answer is NO. Gendlin thought this way of attending to oneself is teachable. That was the start of Focusing. Focusing was born as a way to teach how to attend to oneself.

## 3. Who is Gene Gendlin?

Before getting into the details of Focusing, let's look at who Gendlin is. Eugene Gendlin was born in Vienna, Austria in 1926. As his family was Jewish, they escaped from the Nazi, moved to the United States, and he lived in the US until he passed away in 2017 at the age of 90. In Vienna, there is a plaque honoring his achievements, at the school where Gendlin was attending.

Gendlin studied philosophy at the University of Chicago where he met Carl Rogers. Reading Rogers' researches, he got interested in psychology and joined Rogers' research group. He studied and worked with Rogers thereafter.

Gendlin was honored by the APA 3 times; he was the first recipient for their Distinguished Professional Psychologist of the Year, he was awarded the Viktor Frankl prize in 2008, lifetime achievement awards by WAPCEP

and the United States Association for Body Psychotherapy in 2016.

## III. What is Focusing?

### 1. The types of Focusing

Let's go back to Focusing. When we say Focusing, there are two types of Focusing: how to teach Focusing, and the Focusing process itself.

#### 1-1. Teaching Focusing

Focusing is a natural way of being and everyone can do. Maybe you are naturally doing Focusing in your everyday life even if you do not know the term of Focusing. For example, when you decide what to eat for lunch; you look at the menu, and check if any of the dishes on the menu fits your feeling today. Your state of feeling or the bodily sense is usually described as hunger, but the hungry feeling feels different every day. Maybe your hunger today tells you that you need something very light, whereas you might feel you needed something rich and creamy yesterday. The hunger is different every day, in every moment.

There is always more than just hunger. That is felt sense. When you look at the menu and check what most fits with your hunger today, you are checking with "something here" -- your felt sense. You are already doing Focusing, and the "hunger" in this moment tells you what you do next precisely. It tells you what you want to eat now -- maybe a slice of pizza, or fish and chips, or maybe just a half-pint of beer.

Felt sense is something you cannot fully verbalize, but it implies your next step, and it is very precise. When you notice that a slice of pizza really fits your felt sense, there is a sense of shift, a releasing sense in your body.

Felt sense implies your future direction, or the next step. By attending to your felt sense, the new meaning unfolds, which leads you to the direction your body really needs. This process is called carrying forward.

Yet, there are people who find it difficult to feel the felt sense. Gendlin developed a guiding step to teach those people how to do Focusing. This is called the short form or the 6 steps (Gendlin, 1981).

The 6 steps are as follows:

1. Clearing a Space: Pay attention inwardly and ask, "How is my life going?"
2. Getting a felt sense: Get the sense of how the problem

feels like

3. Finding a handle: What is the quality of this unclear felt sense?
4. Resonating and checking: Go back and forth between the felt sense and the word. Check how they resonate each other.
5. Asking: Ask felt sense questions to help it unfold.  
"What is it, about this whole problem, that makes this quality (which you have just named or pictured, for example, fluffy, expanding, urging, ...)?"  
"What is so hard about that?"  
"How does this apply to everything else?"  
"What is the crux of the whole thing?"  
"How does this want you to be with?"  
"What does it need?"  
"What does the whole issue feel like?"
6. Receiving: Receive whatever comes with a shift in a friendly way.

The 6 steps is NOT the only way to do Focusing. There are other ways to teach Focusing developed by other Focusing teachers. Gendlin clearly explained that you do not have to follow this step if it does not fit (Gendlin, 1981). I myself do not follow these steps when I do Focusing myself. It is interesting Gendlin put these steps as an appendix of his book of *Focusing* (1981), showing that this is NOT the central thing.

#### 1-2. Focusing as a process

Focusing comes from a question: What is that, from which change-steps come? Gendlin found that when a person finds something new, he or she pays attention to something felt inside. It is murky and felt in the body; it is not what we call "feeling" which is familiar and identifiable. Change steps come rather from this unclear "edge," a "sense" of more than one says and knows. This is called felt sense. Felt sense is something which is not yet clear, bodily-felt, and we can sense something is there, some meanings are there. By sensing the felt sense, explicating how it feels and asking it questions to let it unfold, new meaning will emerge. The whole process is called Focusing.

In short, Focusing is a process of attending to your felt sense, symbolizing or explicating how it feels, checking if the explication fits the felt sense, and wait for something to emerge. Something new comes from the not-yet-clear zone, or the murky edge. You can do Focusing by yourself, but in most cases, it is easier when we have someone as a listener.

## 2. Client's Client

Gendlin called the felt sense as the client's client:

The felt sense is the client inside us. Our usual conscious self is the therapist, often a crudely directive one who gets in the way of our inward client all the time. That therapist frequently attacks in a hostile way, or at least wants to use all the old information, claims to be smarter than the client, talks all the time, interrupts, takes up time with distant inferences and interpretations, and hardly notices that "the client" is prevented from speaking. That "directive therapist" hardly knows the client is there. That "therapist" starts without the client, as the old joke had it, and goes on indefinitely without the client.

Research shows that those clients succeed, who are client-centered with their felt sense.

Of course, this is not a person within a person, but a certain kind of self-response process.

But it would be imprecise to call it being client-centered "with oneself." Rather, one needs the distinction within the person between the usual self, and the felt sense. The latter is exactly that part to which client-centered responses are directed (Gendlin, 1984).

Change comes when the clients let their felt sense speak. What counsellors should do is help the client listen to is the felt sense, and what counselors should listen to is what this client's client wants to say.

## IV. Researches on Focusing

### 1. EXP scales

There are two measures developed from the study of Focusing. One is the EXP scale and the other is the Focusing Manner Scale.

The EXP scale was developed from the Process Scale (Walker, Rablen & Rogers, 1960). Being one of the research members, Gendlin and others revised part of the Process Scale and developed the EXP (Experiencing) Scale (Klein, et al, 1970) to indicate the level of the client's experiencing. According to McGuire-Bouwman (2000), the EXP scale is a measure to distinguish when therapy was "just talking" and when personality change is occurring. It has strong validity and reliability credentials, and has been widely used to measure the effects of various interventions

on in-session client process (Doi, 2006; Gendlin, et al, 1968; Leijssen, 1996; Rogers, 1967). In addition, in an early study with the EXP Scale, Kiesler (1971) found that schizophrenic patients tended to score lower on the EXP Scale than neurotic patients.

EXP Scale consists of 7 stages. Stage 4 is the level of felt sense. It is necessary for the client to talk at this level for the successful therapy. Stage 6 is the level of “aha” experience, or getting insight, or the level of carrying forward, at which the client’s experiencing is carried forward and a new meaning unfolds.

One of my researches was published in 2006; it is a case study and I examined the change of the client using the EXP scale and discussed what kind of therapist responses were effective (Doi, 2006).

## 2. FMS

The more recently developed measure is the Focusing Manner Scale or FMS (Fukumori & Morikawa, 2003). It was developed by two Japanese researchers and now has an English version (Aoki & Ikemi, 2014). It measures the level of the Focusing attitudes, which are categorized in 3 factors: (1) Being aware of the felt sense, (2) Accepting and acting from the felt sense, and (3) Finding a comfortable distance from the felt sense.

There are many researches using FMS: the FMS scores showed high correlations with many physical and mental health measures: the GHQ (Fukumori & Morikawa, 2003), Resilience and self-actualization tendency (Aoki, 2008), Depression (Yamazaki, et al, 2008), self-efficacy, social skills and the locus of control (Doi & Morinaga, 2009) and many more. Focusing trainers have higher Focusing attitudes than those without Focusing experiences (Aoki & Ikemi, 2014), indicating that the FMS scores show the Focusing ability (Aoki & Ikemi, 2014). It was also indicated that Focusing attitudes are enhanced with the Focusing-oriented interventions (Mikami, et al, 2008).

Let me talk about my research using FMS (Doi, 2014). I am developing a workshop program for helping professionals using Focusing. I would like to introduce part of my research in order to identify if Focusing could be helpful to the helping professionals.

I wanted to develop the effective self-care program which meets the needs specific to the helping professionals. They are expected to take care of others, but they do not have opportunities to be taken care of.

The work of the helping professionals can be characterized as follows:

(1) Emotional labor (Hochschild, 1983): We are supposed to control, use and sometimes repress our emotions when we work with clients. This is sometimes exhausting but not noticeable to others.

(2) Working alone: Most of the helping professionals in business companies are working alone. They have no one to ask for advice, and no feeling of connection with others.

(3) High risk of burnout: It is well known that the helping professionals have the high risk of burnout.

So, this is the research question: Is Focusing helpful for helping professionals for their self-care and recovering the sense of connection?

In order to find out if Focusing could be of help, I administered a survey. The measures I used in the questionnaire are shown in the slide.

The result was as follows: each measure showed the enough reliability, with the Cronbach alpha from 0.749 to 0.928. The number of the participants was 359 (Male; 65, Female; 289; Other; 5). The average age was 44.12 (SD=9.60, 23-72), and the average work experience was 10.97 years (SD=8.74). 82% of the participants was nurses.

According to the result of the T-test, the FMS high-score group showed significantly high scores than the FMS low group as to work satisfaction, positive stress coping and social support. The FMS-high group showed significantly low scores as to burnout and stress symptoms. About the negative stress coping (escape) and support from spouses, there was no significant difference.

From these results, helping professionals with the high FMS scores (high Focusing attitudes) had higher workplace satisfaction, effective coping skills, showed lower risk of burnout and stress symptoms, and showed higher recognition of social support.

Therefore, it can be said that the helping professionals with high Focusing attitudes has healthier mental conditions and has higher recognition of social support. That may suggest that they may have the ability to ask for necessary support, which they notice by paying attention to themselves.

Therefore, from these research findings, it is suggested that Focusing can work for them when integrated in the self-care programs.

## V. Benefits of Focusing

### 1. For the individuals

Focusing comes from the study of psychotherapy, but it can also be used in our daily life. When Gendlin wrote the famous book of *Focusing* in 1981, he introduced Focusing as a way of self-help. (That is why this book is often placed under the self-help corner of a bookstore).

Ann Weiser Cornell, a famous Focusing teacher, summarized the advantages of Focusing (Weiser Cornell, 2018). Focusing can help you to (1) Make decision that really fits your feeling, (2) release blocks to action, (3) know what you really feel about, (4) get in touch with your life purpose, (5) release emotional burdens, (6) Nurture a sense of self-worth, and (7) be present to your life.

I would also like to add that Focusing enables you to take gentle care of yourself, be true to yourself or become a person/fully-functioning (Rogers, 1961), find peace in yourself, and to have your own reliable compass for life. I feel that Focusing has helped me to survive the hard times and find ways to flourish in my life.

### 2. For therapists

As a therapist / counsellor, Focusing helps us to (1) understand what to / how to listen, (2) understand how to facilitate the process of the client, (3) be congruent in the interaction with the client, and (4) understand what was happening with the client as an alternative for the supervision.

As Gendlin says, we will listen to the client's client or "the person in there / person behind the gaze" (Gendlin, 1990). This beautiful phrase is one of my favorites. We do not listen to what has just been said only but we try to be with the person "behind the gaze", or the felt sense of the client. The focus on listening should be on the process of the client, not on the content of the narrative. We will listen not only to what has been said, but also to "still, small voice" which is not yet clearly articulated.

Focusing also help us understand how to help the client's process. By attending to the felt sense of the client, we can feel if the process of the client is moving forward or stuck; if it feels stuck, we can offer necessary means to facilitate the process. These means include asking questions, offering reflections, and just nodding to follow the process. Focusing lets us know what kind of responses may be effective for the client in this moment.

We can become more congruent by Focusing. During the session with the client, we are doing Focusing while listening to the client, that is, we are continuously monitoring what is going on inside of us. We can always be aware of how we feel in the interaction with the client, which means we are continuously open to how we are.

Focusing is also available as an alternative for a supervision. It is called "Focusing for Therapists" (Hirano, 2018) in which a counsellor reflects on the client and work on the felt sense of the client or the sessions. As this is in the form of Focusing, you do not have to tell the details of the client or the content of the sessions. All you have to tell is the felt sense of the whole situation. In this way, we can keep the confidentiality and still find answers from our felt sense of the situation or the relationship. One more advantage of Focusing for Therapists is that it only needs a "listener" instead of a professional supervisor. This advantage increases the availability of supervisions.

In addition, Focusing for Therapists can also be used for the self-care of the counsellors. It helps us to understand what we feel and to keep the right distance from the concerns.

## VI. Focusing as part of the Person-Centered Approach

### 1. Directly comes from Rogers

I have been aware that there is a controversy if Focusing belongs to the Person-Centered Approach (PCA). Well, in Japan, we take it for granted that Focusing is part of PCA, and the PCA people and the Focusing people are getting along very well. I was surprised to know the situation is different in UK, Europe or the US.

In my opinion, it is obvious that Focusing is part of PCA. It directly comes from Rogers, from the research on how counseling works. Rogers (1951) mentioned "visceral and sensory sensation" or "gut feeling" is important for change, and this is what Gendlin calls "felt sense". They looked at the same thing using different terms. In addition, in Focusing, clients (or focusers) are considered experts, as Rogers regarded his approach as "Client-Centered".

Ann Weiser Cornell explains how Focusing is client-centered in this way:

As the person doing Focusing, YOU are the expert. We believe that you know YOU the best. That's why, with Focusing, you don't need an expert. Many other methods

require a practitioner to facilitate, but not Focusing! Focusing empowers YOU to make your own choices and get in touch with your own truth (Weiser Cornell, 2018).

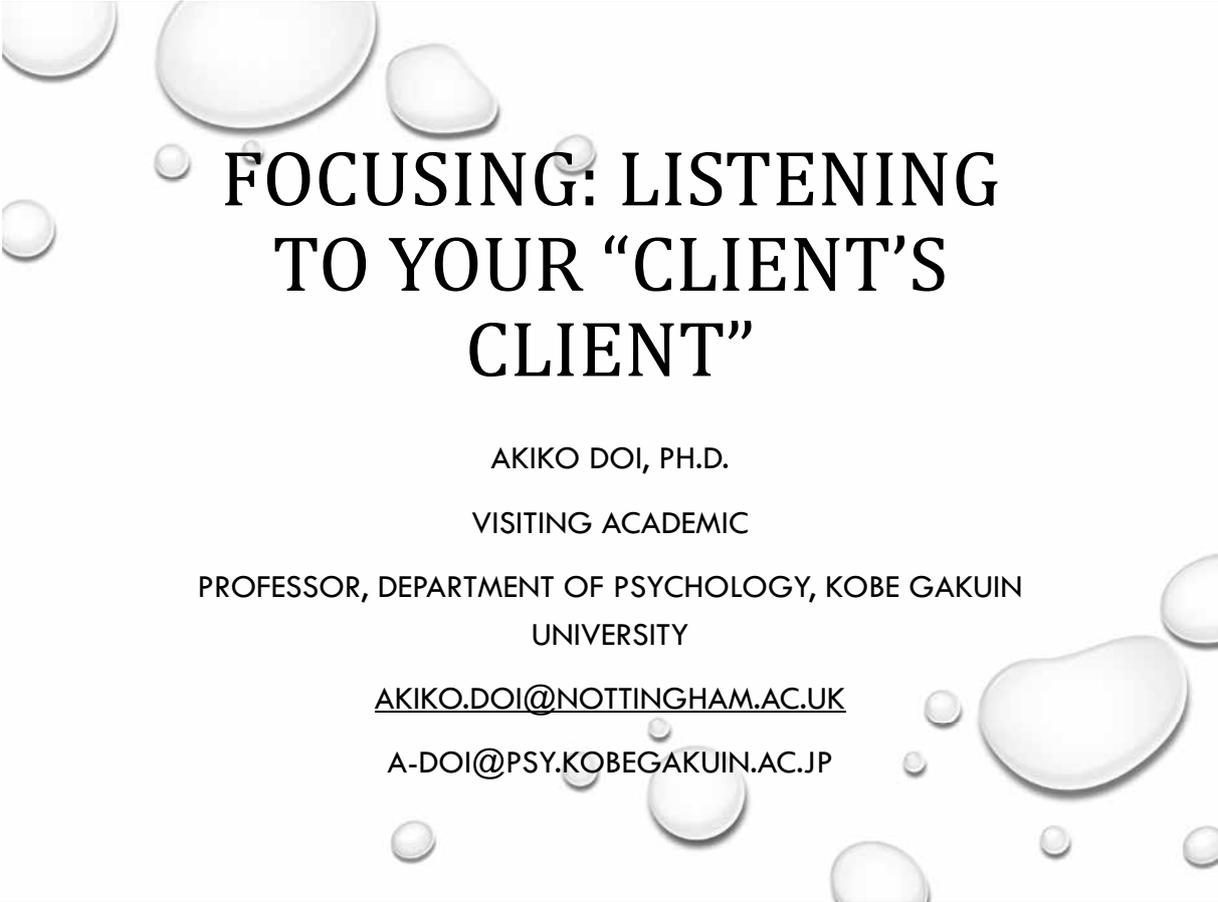
Thus, it is apparent for me that Focusing is part of PCA. As we are minorities in the world of counseling/psychotherapy, I would strongly believe that it is necessary for us to collaborate rather than pick up the differences between us.

Thank you.

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# FOCUSING: LISTENING TO YOUR “CLIENT’S CLIENT”

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## Who am I?

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Visiting Academic, School of Education

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Professor at a university in Kobe, Japan

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Certified Clinical Psychologist

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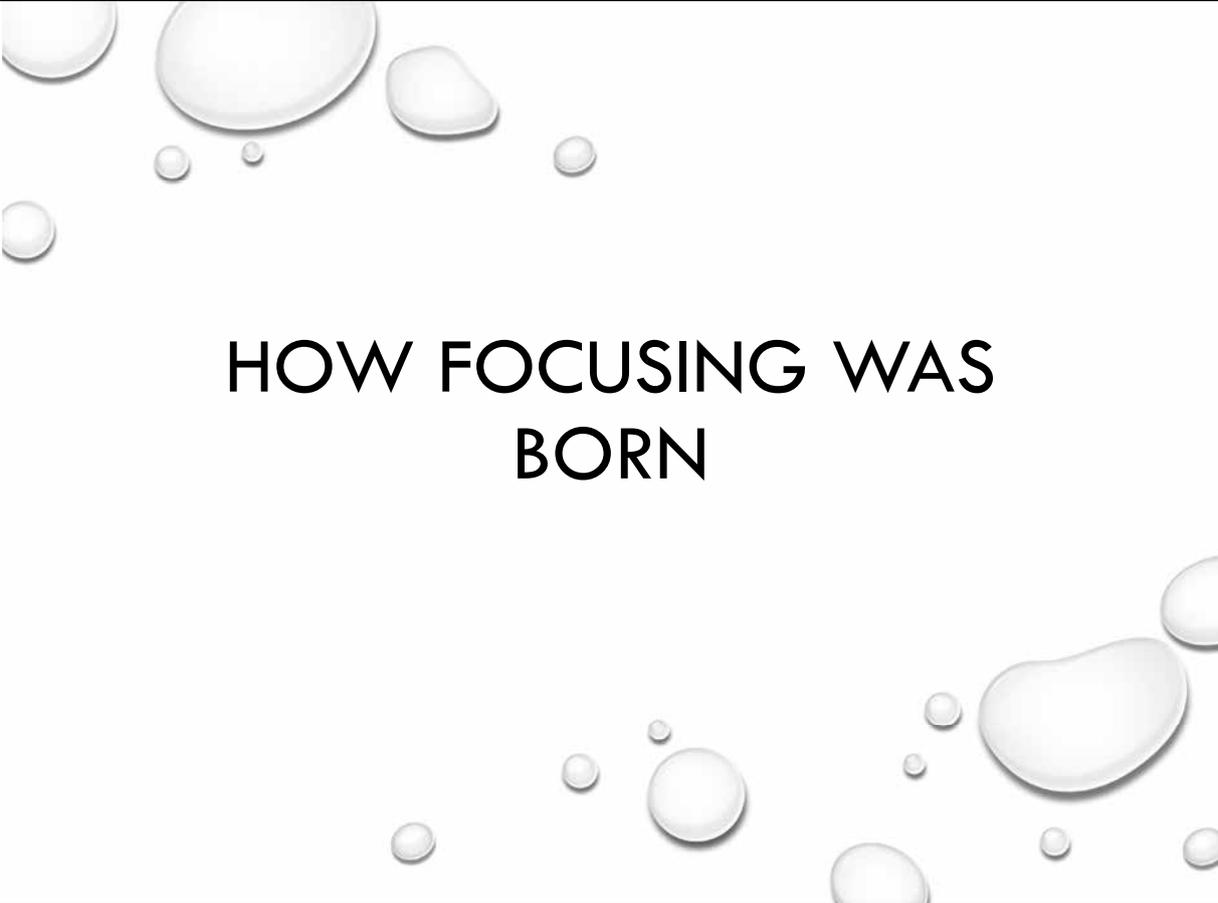
Counselor in occupational field (companies, Self-Defense Forces)

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Certified Focusing Professional (2003 - )

## My talk is about...

- What is Focusing
- Who is Gene Gendlin
- What measures are developed for research
- My research
- Benefits of Focusing
- Focusing and PCA



## HOW FOCUSING WAS BORN

## Origin of Focusing: Let's Start from Carl Rogers

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Research on  
counseling  
process in 1960s

Wisconsin  
Project

Gendlin as a  
member of the  
research project

## Why is psychotherapy helpful for some people, but not others?

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Successful clients vs Not successful clients

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Way of talking: pause and pay attention to what was happening in the present moment, in their bodies, in response to the problem at hand. Sometimes in ways that words could not easily convey. (McGuire-Bouwman, 2000)

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Therapy success predictable in the first several sessions

▶ Those research clients who are later successful, differ from failure cases in exactly this respect. It can be heard on the tape. After saying something, they often stop to check. For example: "I feel helpless... uhm... is that right?..." After a silence they might then say: "No... that's not right. Uhm... I can sense it, right there, but I don't know what it is. (Silence)...Oh, (breath)... whew, yes, it's..." as a large shift occurs. Or they might say: "...oh ... one thing about it is..." as some new facet came. (Gendlin, 1984)

## What Matters?

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Speaking from the fresh, present, bodily-felt of issues and symptoms

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Pausing, touching down inside, trying to sense the not-yet-clear something

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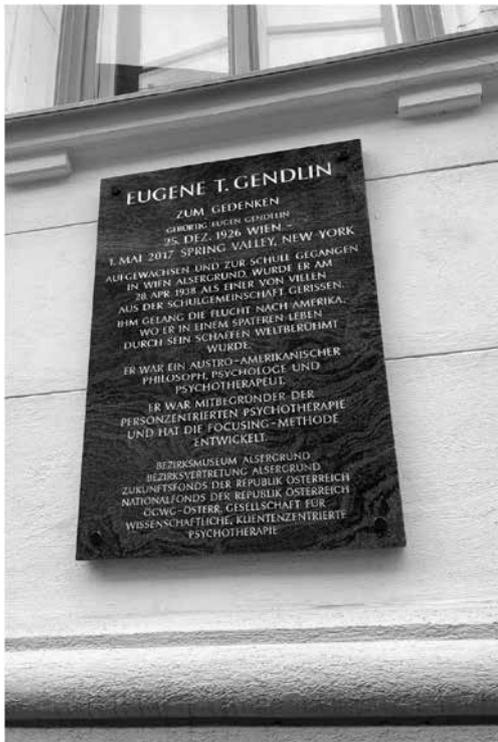
Talking about past/trauma/secrets ... contents do not matter

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This "way of attending to the feelings" is teachable = ***Focusing***

# Eugene T. Gendlin (1926—2017)

- Philosopher and psychotherapist
- Born in 1926 in Vienna
- Fled to the US
- Studied philosophy at the University of Chicago
- Studied and worked with Rogers



## Awards



Distinguished Professional  
Psychologist of the Year award by  
APA



the Viktor Frankl prize in 2008



Lifetime achievement awards by  
WAPCEP and the United States  
Association for Body Psychotherapy  
in 2016

**WHAT IS FOCUSING?**

## Focusing: Natural way of Being

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Natural/inherent process

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Bodily feeling- unclear but precise

---

Implies the next step

---

New meaning unfolds

---

Carrying forward

## Focusing: Teaching/Guiding

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Teachable

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Short form/6 steps

## Teaching Focusing: 6 steps

- 1 **Clearing a Space**
- 2 **Getting a felt sense**
- 3 **Finding a handle**
- 4 **Resonating and checking**
5. **Asking**
- 6 **Receiving**

## Focusing as a Process

- **What is it, from which change steps come?**
- Felt sense
  - Something felt inside, which is *murky*, or not yet clear
  - Unclear "*edge*", a "sense" of more than one says and knows
  - Something which is bodily-felt, and yet we can sense something is there, some meanings are there

## Focusing as a Process

*A process of attending to your felt sense, symbolizing or explicating how it feels, checking if the explication fits the felt sense, and wait for something to unfold.*

(Youtube)

<https://www.youtube.com/watch?v=j7PEC5Mh5FY>

## Client's Client (Gendlin, 1984)

- The felt sense is the client inside us. Our usual conscious self is the therapist, often a crudely directive one who gets in the way of our inward client all the time. That therapist frequently attacks in a hostile way, or at least wants to use all the old information, claims to be smarter than the client, talks all the time, interrupts, takes up time with distant inferences and interpretations, and hardly notices that "the client" is prevented from speaking. That "directive therapist" hardly knows the client is there. That "therapist" starts without the client, as the old joke had it, and goes on indefinitely without the client.

- Research shows that those clients succeed, who are client-centered with their felt sense.
- Of course this is not a person within a person, but a certain kind of self-response process.
- But it would be imprecise to call it being client-centered "with oneself." Rather, one needs the distinction within the person between the usual self, and the felt sense. The latter is exactly that part to which client-centered responses are directed.

**Client's  
Client**  
(Gendlin, 1984)

- Client's Client = felt sense
- Change comes when the clients let their felt sense speak
- What counsellors should do is help the client listen to is the felt sense, and what counselors should listen to is what this client's client wants to say.



# RESEARCH ON FOCUSING

MEASURES:  
EXP-SCALE & FMS

## Research Measures

- The EXP (Experiential) Scale (Klein et al, 1970)
- FMS (Focusing Manner Scale) (Fukumori & Morikawa, 2003)
- FMS-A.E. (Aoki & Ikemi, 2014) – English version

## The EXP Scale (Klein, et al, 1970)

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Being developed from the Process Scale (Rogers, 1960)

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Indicating the level of the client's experiencing by 7-point scale

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Showing high validity and reliability

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Being widely used in research in Focusing and Emotion-Focused Therapy (Gendlin, et al, 1968, Rogers, 1967; Leijssen, 1996; Doi, 2006 )

- Stage 1: No personal account
- Stage 2: External events with the speaker involved
- Stage 3: feelings (but reactive)
- Stage 4: felt sense
- Stage 5: Self-reflective questioning
- Stage 6: felt shift (emergence of new meaning)
- Stage 7: Global application

Change Occurs  
above Stage 4

## FMS(Fukumori & Morikawa, 2003) FMS-A.E (Aoki & Ikemi, 2014)

- Measuring the Focusing Attitudes  
(3 factors)
  - A. Being aware of the felt sense,
  - B. Accepting and acting from the felt sense,
  - C. Finding a comfortable distance from the felt sense.

### Items of FMS

	Items	Fac. A	Fac. B	Fac. C
Factor A: Accepting and acting from experiencing				
18	When I speak, I am confident that what I say comes from my feelings.	0.55	0.17	0.19
15	I know I can trust what I sense inside.	0.49	0.31	0.08
7	What I do comes from what I feel.	0.48	0.2	0.2
19*	It's hard for me to have a sense of myself and what I feel.	0.44	0.03	-0.02
5	I try to match the words I say to how I feel inside.	0.44	0.08	0.19
4*	I criticize myself.	0.37	-0.11	0
Factor B: Bringing awareness to experiencing				
2	I find time in daily life to get a bodily sense of just how I am.	0.07	0.57	0.12
1	I can sense a variety of rich feelings in my body.	0.01	0.5	-0.03
23	When talking to someone I check with my inner sense to know the right things to say.	0.05	0.41	0.35
8	I know I have unclear feelings in my life.	0.04	0.37	0.06
16	I value my own unclear personal sense of things.	0.25	0.37	0.16
11	When I face a difficulty, I know that if I take time and listen inwardly, I will get a sense of what to do or what needs to happen.	0.27	0.36	0.29
22	I like to give myself the space to check out "just how am I right now?"	0.04	0.36	0.34
Factor C: Finding a comfortable distance from experiencing				
13	If I have issues to face in life, I like to keep them at a distance.	0.09	0.04	0.69
21	When worrying about things, I pause and step back.	0.3	0.02	0.44
3	It is better to hold back and get some distance from things that concern me.	0.06	0.17	0.39

## Researches using FMS

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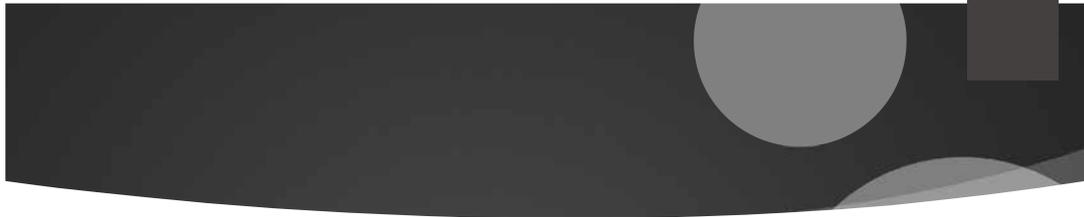
Showing high correlations with both physical and mental health : GHQ, resilience, self-actualization tendency, etc.

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Showing the Focusing ability

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FMS scores can be enhanced by Focusing-oriented interventions



My research using FMS:  
Development of Mental  
Health Program for  
Helping Professionals  
(Doi, 2014)

## Background & Research Question

- Develop self-care programs meeting the needs specific to helping professionals

- Emotional labor – fatigue not noticeable
- Working alone – no support, isolation
- High-risk of burnout
- Research question: Is Focusing helpful for helping professionals for their self-care and recovery of connection?

## Measures

FMS (Fukumori & Morikawa, 2003)

Japanese Burnout scale (Kubo, 1998)

Work satisfaction (Adachi, 1998)

Stress checklist (Murakami, Matsuno & Katsura, 1998),

Coping Scale (Shimazu & Kosugi, 1997)

Jichi Medical School Social Support Scale (Tsutsumi et al, 2000)

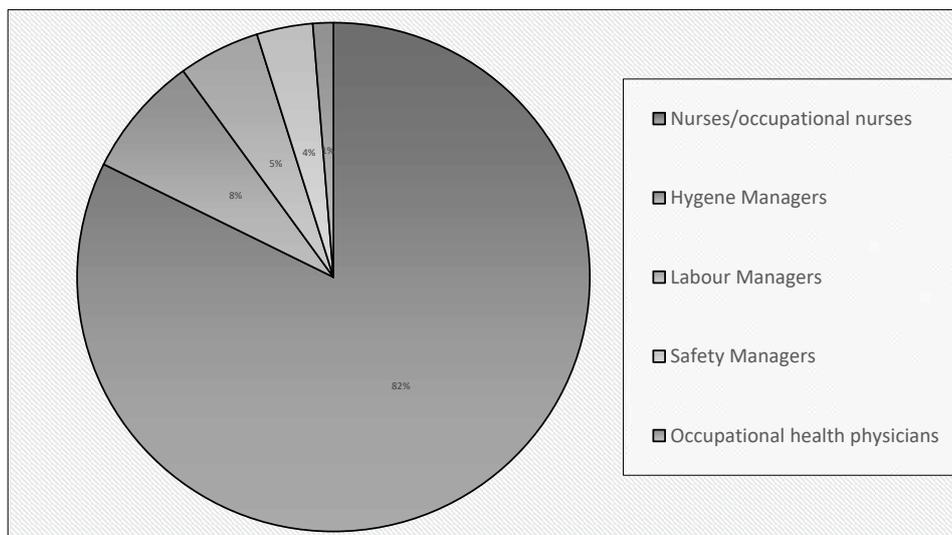
Focusing experience / Stress-symptoms

## Result



- Participants: 359 helping professionals (Male: 65, Female: 289; Others: 5)
- Average age; 44.12 ( $SD=9.60$ , 23-72)
- Average work experience; 10.97 years ( $SD=8.74$ )
- Reliability (Cronbach  $\alpha$  of FMS and other measures=0.749~0.928)

## Occupational Distribution



## COMPARISON OF FMS HIGH GROUP ( $\geq +1SD$ ) AND FMS LOW GROUP ( $\leq -1SD$ ) WITH OTHER SCALE SCORES

Table 1: Comparison of FMS High & Low Groups

	FMS				FMS		
	High	Low	t(98)		High	Low	t(98)
Content of Work	3.12 (0.52)	2.65 (0.47)	4.86 *	Behavior and emotion control	2.56 (0.57)	2.29 (0.49)	2.62 *
Working environment	2.87 (0.53)	2.47 (0.58)	3.65 ***	Emotional exhaustion	2.09 (0.98)	3.09 (0.86)	5.51 ***
Salary	2.85 (0.80)	2.40 (0.72)	3.03 **	Dehumanization	1.75 (0.61)	2.37 (1.75)	4.27 ***
Relationship with others	3.20 (0.59)	2.59 (0.57)	5.41 ***	Reduced in sense of	3.33 (0.86)	2.42 (0.57)	6.35 ***
Positive problem solving	2.72 (0.67)	2.12 (0.40)	5.56 ***	Support from partners	3.18 (0.69)	3.03 (0.75)	0.883
Escape	1.92 (0.56)	1.69 (0.49)	2.31 *	Support from friends	2.97 (0.66)	2.40 (0.62)	4.561 ***
Ask for others' support	2.10 (0.70)	1.82 (0.51)	2.28 *	Support from family	3.39 (0.56)	2.91 (0.74)	2.81 **
Given up	2.10 (0.72)	1.93 (0.49)	1.43	Stress	4.77 (3.74)	8.04 (4.71)	3.94 ***

( ) SD \*p<.05, \*\*p<.01, \*\*\*p<.001

### FMS high-score/low score groups and other scores

FMS High group (49) > FMS low group (55)  
except "giving up (negative coping)" and "support from spouses"

Helping professionals with high Focusing attitudes showed:

Higher workplace satisfaction	Effective coping strategies	Lower stress, lower burnout risk	Higher recognition of social support
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## Discussion

Helping professionals with high Focusing attitudes:

Healthy mental health status

Recognition of higher social support  
- ability to ask for necessary support  
- ability to notice if s/he needs support by  
paying attention to the inside (= being aware  
of the felt sense)

Focusing can work when integrated in the self-care  
programs

## BENEFITS OF FOCUSING

## For Individuals – Our Daily Life (Weiser Cornell, 2018)



**MAKE  
DECISION  
THAT REALLY  
FITS YOUR  
FEELING**



**RELEASE  
BLOCKS TO  
ACTION**



**KNOW  
WHAT YOU  
REALLY  
FEEL  
ABOUT**



**GET IN  
TOUCH  
WITH  
YOUR LIFE  
PURPOSE**



**RELEASE  
EMOTION  
AL  
BURDENS**



**NURTURE  
A SENSE  
OF SELF  
WORTH**



**BE  
PRESENT  
TO YOUR  
LIFE**

## With Focusing, you can also

- Take gentle care of yourself
- Find peace in yourself, have your own reliable compass for life
- Be true to yourself – becoming a person/fully functioning

... and many more!

## For Counsellors

- What to/how to listen
  - listening to the client's client or "the person in there/person behind the gaze" (Gendlin, 1990)
- How to facilitate the process
- How to be ***congruent*** – able to monitor what is going inside while listening to the client
- Focusing for therapist (Hirano, 2018) – alternative for supervision/ self-care



## FOCUSING AS PCA

## Focusing comes from Rogers' Researches

Gut feeling/visceral and sensory sensation (Rogers, 1951)

Focusing stemmed from Rogers' researches on how counseling works and on the process of counseling

## Focusing is Client-Centred

- Client as the expert
  - As the person doing Focusing, YOU are the expert. We believe that you know YOU the best. That's why, with Focusing, you don't need an expert. Many other methods require a practitioner to facilitate, but not Focusing! Focusing empowers YOU to make your own choices and get in touch with your own truth. (Weiser-Cornell, 2018)



**THANK YOU!**

